

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/661242 FILING DATE

APPLICANT(S)

5/3/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	/					
4						
5						
6	/					
7						
8						
9	/					
10						
11						
12	/					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	/					
30			/			
31			/			
32			/			
33			9			
34			9			
35			9			
36			9			
37	/					
38	/					
39			/			
40			/			
41	/					
42	/					
43			/			
44			/			
45			/			
46	/					
47			/			
48			/			
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51	/			
52	/			
53	/	/		
54	/			
55	/			
56	/			
57	/	/		
58	/	/		
59	/			
60	/			
61	/			
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	21			
TOTAL DEP.	40			
TOTAL CLAIMS				